

**Note: This is sample  
template it is  
not an OMB  
approved form.**

**Universal 911 Dialing- Second Transition Report**

Please read instructions before completing

**Section 1  
Carrier Identification Information**

Parent Company Name  
Cross Telephone Company

Service Provider Name  
Cross Telephone Company

Company Address, City, State, Zip  
P.O. Box 9  
Warner, OK 74469

Service Provider Type            Wireless            x Wireline  
Local Exchange Carrier

Name(s) of Wireless License Holder(s)

Contact Name  
Troy Duncan or Stephen Jones

Contact Tel #  
(918) 463-2921

Fax #  
(918) 463-2551

E-mail Address  
[staff@crosstel.net](mailto:staff@crosstel.net)

**Section 2  
Local Area 911 Implementation**

List all individual local areas covered by this report (e.g., Lee County, Virginia):

Haskell County, Oklahoma  
Latimer County, Oklahoma  
Leflore County, Oklahoma  
McIntosh County, Oklahoma  
Muskogee County, Oklahoma  
Pittsburg County, Oklahoma  
Sequoyah County, Oklahoma

For each area listed above, identify the emergency response point to which calls are now being routed.

Haskell County, Oklahoma ----- PSAP Haskell County  
Latimer County, Oklahoma ----- Latimer County Sheriff  
Leflore County, Oklahoma ----- PSAP Leflore County  
McIntosh County, Oklahoma ----- McIntosh County Sheriff  
Muskogee County, Oklahoma ----- Muskogee County Sheriff  
Pittsburg County, Oklahoma ----- Pittsburg County Sheriff  
Sequoyah County, Oklahoma ----- PSAP Sequoyah County

### Section 3

#### Certification - To be signed by an authorized representative of the reporting entity

I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of \_\_\_\_\_.

Signature

Printed name of authorized representative

Title

Date

This filing is:      ☒ original filing      ☐ revised filing

**PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.**

